



FORM 3

[See rule 8]

**Certificate of Registration**

ART clinic (Level 1/Level-2) ART-bank

(To be issued in duplicate)

Certificate no. AP/AC/2024/15345/L1/YSR KADAPA/295

1. In exercise of the powers conferred under Section 16 (I) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority hereby grants registration to the ART Clinic named below for purposes of carrying on: Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of **Five Years from 16-01-2025 ending on 15-01-2030.**

- (a) Name and address of the ART Clinic: **PRIYATHAM HOSPITAL  
D. No. 20/943,  
Co-Operative Colony, Kadapa.**
- (b) Type of institution (Govt. or Private): **PRIVATE**
- (c) Type of facility (Level 1 or Level-2): **LEVEL - 1**

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act for a period of **NOT APPLICABLE** ending on **NOT APPLICABLE**

- (a) Name and address of the ART Bank: **NOT APPLICABLE**
- (b) Type of institution (Govt. / Private): **NOT APPLICABLE**

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.
3. Registration No. allotted: **AP/AC/2024/15345/L1/YSR KADAPA/295**
4. Period of validity of earlier Certificate of Registration (for renewed Certificate of Registration only) from **NIL** to **NIL**

*[Signature]*  
16/01/2025  
Dist. APPROPRIATE AUTHORITY  
Signature Name and Designation of  
ART Act./Surrogacy Act.-2021  
the Appropriate Authority  
Dist. Medical & Health Officer  
SEAL KADAPA. Y.S.R. (Dist.)

*[Signature]*  
BY  
D/DCMO  
G



**Display one copy of this certificate at a conspicuous place at the place of business**  
**\*Strick out whichever is not applicable or necessary**